Bill went to collection, Bill accused during bankrupsey John Mickelsen

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F	ill in this information to ide	ntify your case:				
U	nited States Bankruptcy Cour	t for the		an tahun salam <u>ng Masa</u> sa Og alaghi		
	ESTERN DISTRICT OF WA					
	ase number (if known)	10-40746	Chapter you a	e filing under:		
	•		Chapter 7			
	•		☐ Chapter 11			*
			☐ Chapter 12		,	
			☐ Chapter 13		☐ Check if this amended filin	
	fficial Form 101	4			Fee Not	Houd
<u>V</u>	oluntary Petit	ion for Individuals  and Debtor 1 to refer to a debtor filin	Filing for	<b>Bankrupt</b>	СУ	02/20
eve	rt 1: Identify Yourself	separate sheet to this form. On the t	op or any good one	pages, write your	Traine and case number (	i known). Answer
1.	Your full name	About Debtor 1:		About Debtor	2 (Spouse Only in a Joint	Case):
	•		9	era era era Arta era era era era era era era era era er		
	Write the name that is on your government-Issued picture identification (for example, your driver's license or passport).	John First name	<del> </del>	First name		
		Daniel		rirst name		
		Middle name		Middle name		
	Bring your picture identification to your meeting with the trustee.	Mickelsen	<u> </u>	·		
		Last name and Suffix (Sr., Jr., II, III)	t	Last name and	Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years		<u>.</u>			· · · · · · · · · · · · · · · · · · ·
	Include your married or maiden names.	Continy D. Mickelsell	•		•	
3.	Only the last 4 digits of your Social Security			<u> </u>		
	number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8405	13 		·	



Office Hours: Monday -- Thursday 7:00AM to 9:00PM CT Friday 7:00AM to 6:00PM CT Saturday 8:00AM to 4:00PM CT

4120 International Pkwy, Suite 1100 Carrollton, TX 75007-1958 Toll Free: 888-778-4006

March 28, 2020

Dear John Mickelsen,

Your account has been assigned to this office for collection. The balance listed is due in full. If payment has already been made, please contact our office.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mall you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

Please contact our office if you would like assistance with this matter. You may pay your account by enclosing your payment with the tear-off coupon below, as indicated in the payment options or by contacting us at 888-778-4006 to make payment arrangements on your account.

Check or Credit Card payments can be made 24-hours a day, through our secure website at <a href="https://www.swcpayonline.com">www.swcpayonline.com</a>.

M. Sasser Southwest Credit Systems, L.P.

Account Summary
Creditor
Comoast
Creditor Account No.
8498380210728810
Southwest Reference No.
80321558
Principal
\$608.24
Total Amount Due
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## **PAYMENT OPTIONS**

**Money Gram** 

Receive Code: 4077

## **Payments By Internet**

www.swcpayonline.com Visa, Mastercard, Debit Card and Check (ACH) accepted



## Payments By Phone

888-778-4006 24-hour touch tone service Visa, MasterCard, Debit Card and Check (ACH) accepted

## Payments By Mail

Send check or money order to PO Box 650784 Dallas, TX 75265-0784

This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.